



Rockland County

Ed Day, Rockland County Executive

FILED
U.S. BANKRUPTCY COURT

2017 MAY 15 A 10:08

S.D. OF N.Y.

OFFICE OF THE COUNTY ATTORNEY

11 New Hempstead Road
New City, New York 10956
Phone: (845) 638-5180 Fax: (845) 638-5676

Thomas E. Humbach
County Attorney

May 12, 2017

Via Overnight Mail

United States Bankruptcy Court
300 Quarropas Street
White Plains, New York 10601

RE: 36-60 Route 303 Associates, LLC
Chapter 11 Case No.: 16-22645 (RDD)
Real property located at: 38-60 Route 303, Valley Cottage, NY 10601

Dear Sir/Madam:

On June 14, 2016, the County of Rockland electronically filed a Proof of Claim with respect to the above referenced matter (see enclosed).

We understand that the Debtor has paid the delinquent taxes and we would like to withdraw the Proof of Claim at this time. Enclosed for your reference, please find a copy of the projected bill indicating that this debt has been satisfied. Kindly send this office proof of the withdrawal at your earliest convenience.

Thank you for your courtesy and attention to this matter.

Respectfully,

Charlotte Ramsey
Principal Assistant County Attorney
Direct Dial: (845) 638-5101
2016-02148

CR:ds
encl.

cc: Dawn Kirby, Esq.

2016-02148

Fill in this information to identify the case:

Debtor 1 36-60 Route 303 Associates, LLC
 Debtor 2 _____
 (Spouse, if filing) _____
 United States Bankruptcy Court Southern District of New York
 Case number: 16-22645

FILED

U.S. Bankruptcy Court
Southern District of New York

6/14/2016

Vito Genna, Clerk

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>COUNTY OF ROCKLAND-FINANCE</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><u>COUNTY OF ROCKLAND-FINANCE</u></p> <p>Name _____</p> <p>18 NEW HEMPSTEAD ROAD NEW CITY, NY 10956</p> <p>Contact phone <u>845 638-5115</u></p> <p>Contact email <u>REDAA@CO.ROCKLAND.NY.US</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p> </div> <div style="width: 48%;"> <p>Name _____</p> <p>Contact phone _____</p> <p>Contact email _____</p> </div> </div>	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM/DD/YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2 Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">5730</div>															
7. How much is the claim?	\$ <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">279049.18</div>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).															
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">DELINQUENT PROPERTY TAXES</div>																
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input checked="" type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) <table style="width: 100%;"> <tr> <td style="width: 40%;">Value of property:</td> <td style="width: 10%;">\$</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: right;">2400000.00</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$</td> <td style="border-bottom: 1px solid black; text-align: right;">279049.18</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$</td> <td style="border-bottom: 1px solid black; text-align: right;">0.00</td> </tr> </table> <div style="text-align: right; font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 10%;">\$</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">279049.18</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 10%; text-align: center;">12</td> <td style="width: 30%; text-align: center;">%</td> </tr> </table> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable		Value of property:	\$	2400000.00	Amount of the claim that is secured:	\$	279049.18	Amount of the claim that is unsecured:	\$	0.00	Amount necessary to cure any default as of the date of the petition:	\$	279049.18	Annual Interest Rate (when case was filed)	12	%
Value of property:	\$	2400000.00															
Amount of the claim that is secured:	\$	279049.18															
Amount of the claim that is unsecured:	\$	0.00															
Amount necessary to cure any default as of the date of the petition:	\$	279049.18															
Annual Interest Rate (when case was filed)	12	%															
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____																
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____																

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 279049.18
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/14/2016
MM / DD / YYYY

/s/ Antonio F. Reda

Signature

Print the name of the person who is completing and signing this claim:

Name	Antonio F. Reda
	First name Middle name Last name
Title	Principal Assistant County Attorney
Company	County of Rockland—Finance Dept.
	Identify the corporate servicer as the company if the authorized agent is a servicer
Address	18 New Hempstead Road
	Number Street
	New City, NY 10956
	City State ZIP Code
Contact phone	845-638-5115
Email	redaa@co.rockland.ny.us

Rollback Company

Table/Reference Batch Processing Payments Reports/Utilities Refund/Returns Import/Export System Options Help

Swis/SBI 392089 59.11-1-37 Old 122-C-10 Batch 06032016 0001 RS 1 PC 452

Lgt/Addr 36-60 ROUTE 303 VALLEY COT A/V 443300 EX 0 TV

Name 36-60 ROUTE 303 ASSOC LLC Addr Tw CLARKSTOWN

Name Addr Vt

Notes BANKRUPTCY CASE # 16-22645 Addr 239 CENTRAL AVENUE Sch NYACK U

Printg 0 Depth 0 Accs 1 Addr WHITE PLAINS NY 10606

		Type	Next Payment
2010	\$ 0.00		
2012	\$ 0.00	Qty	\$ 0.00
2013	\$ 0.00	Qty	\$ 0.00
2014	\$ 102,076.14		
2015	\$ 91,220.79		
2016 - BKR	\$ 85,752.25		

Calc. Date 6/ 6/2016

Total Due \$ 279,049.18

Locate Parties

Close

Figure good through 6/30/16 - \$279,049.18

DELINQUENCY TRACKING SYSTEM - REPRINT OF RECEIPT

RECEIPT FOR TAXES	RECEIPT NUMBER 00000067
DEPARTMENT OF FINANCE	COUNTY & TOWN TAX
THIS RECEIPT IS VOID IF CHECK 18 NEW HEMPSTEAD ROAD	2013 SCHOOL
IS NOT HONORED BY YOUR BANKNEW CITY, NEW YORK 10956	

TOWN: CLARKSTOWN

PROPERTY ID: C1.59.11-1-37

(Prior ID: 122-C-10)

2014 TAX	\$	72,354.87
PENALTY	\$	3,759.73
RELEVY PEN	\$	2,839.77

36-60 ROUTE 303 ASSOC LLC
239 CENTRAL AVENUE
WHITE PLAINS NY 10606

	\$	78,954.37
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CERTIFICATE NUMBER: 201414435
BATCH NO: 10/12/2016 - 0004
CLERK: CLERK2
SYSTEM TIME: 9:30 AM
CALC. DATE:
PAID BY: PONCE DE LEON

TITLE FEE	\$	150.00
MAIL FEE	\$	30.00
PUBLICAT.	\$	30.00
INTEREST2	\$	26,054.94
REDEMP. FE	\$	15.00

TOTAL RCVD:	\$	105,234.31
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PAID AMOUNT:CK \$ 105,234.31 CASH \$ 0.00

DATE: 5/8/2017

DELINQUENCY TRACKING SYSTEM - REPRINT OF RECEIPT

THIS RECEIPT IS VOID IF CHECK IS NOT HONORED BY YOUR BANK	RECEIPT FOR TAXES DEPARTMENT OF FINANCE 18 NEW HEMPSTEAD ROAD NEW CITY, NEW YORK 10956	RECEIPT NUMBER 00000066 COUNTY & TOWN TAX 2014 SCHOOL
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TOWN: CLARKSTOWN

PROPERTY ID: C1.59.11-1-37

(Prior ID: 122-C-10)

2015 TAX	\$	71,452.95
PENALTY	\$	3,712.69
RELEVY PEN	\$	2,800.85

36-60 ROUTE 303 ASSOC LLC
239 CENTRAL AVENUE
WHITE PLAINS NY 10606

	\$	77,966.49
INTEREST2	\$	16,372.96

CERTIFICATE NUMBER: 201523096
BATCH NO: 10/12/2016 - 0004
CLERK: CLERK2
SYSTEM TIME: 9:30 AM
CALC. DATE:
PAID BY: PONCE DE LEON

TOTAL RCVD: \$ 94,339.45

PAID AMOUNT: CK \$ 94,339.45 CASH \$ 0.00

DATE: 5/8/2017

DELINQUENCY TRACKING SYSTEM - REPRINT OF RECEIPT

	RECEIPT FOR TAXES	
	DEPARTMENT OF FINANCE	RECEIPT NUMBER 00000065
THIS RECEIPT IS VOID IF CHECK	18 NEW HEMPSTEAD ROAD	COUNTY & TOWN TAX
IS NOT HONORED BY YOUR BANK	NEW CITY, NEW YORK 10956	2015 SCHOOL

TOWN: CLARKSTOWN	2016 TAX	\$	74,876.15
PROPERTY ID: C1.59.11-1-37	PENALTY	\$	3,888.99
(Prior ID: 122-C-10)	RELEVY PEN	\$	2,903.67

36-60 ROUTE 303 ASSOC LLC
239 CENTRAL AVENUE
WHITE PLAINS NY 10606

	\$	81,668.81
INTEREST2	\$	7,350.19

CERTIFICATE NUMBER: 201631869
BATCH NO: 10/12/2016 - 0004
CLERK: CLERK2
SYSTEM TIME: 9:30 AM
CALC. DATE:
PAID BY: PONCE DE LEON

TOTAL RCVD:	\$	89,019.00
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PAID AMOUNT: CK \$ 89,019.00	CASH \$ 0.00
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DATE: 5/8/2017